

**Comprehensive Plan for Public Services in the Most  
Appropriate Integrated Setting**

**Individual Department or Division Plan Progress Report  
September 30, 2003**

The state's plan is a compilation of concepts and principles taken from the various reports of each affected agency within the Department of Human Services, the Department of Health, the Department of Workforce Services and the Department of Community and Economic Development. As additional action steps from various agencies or communities are developed, reviewed and approved they will be added to this plan. Individual division plans are available from the respective divisions within each department. Some of the goals and recommendations in the divisions' plans are found in the state's plan, while some are not. The comprehensive plan is Utah's statement of responsibility for providing identified services and programs. There are goals, mission statements, and aspirational objectives in the division documents which are not part of, nor reflected in, the comprehensive plan. Individual division directors were asked to include specific Olmstead planning in their overall annual management plans in order to avoid fragmentation of services or separation of the Olmstead specific population. These division plans and specific action steps are broader, and address all populations served by the respective divisions.

The following are individual department and/or division specific plans and activity updates for serving the Olmstead population:

**Division of Aging and Adult Services**

Identify barriers that prevent qualified seniors from moving back into the community from institutional settings, as well as potential partners and action steps to overcome these barriers.

- ***Update: A workgroup composed of representatives of the aging network and individuals with experience in the delivery of home based community care was convened. Over a period of several months the group identified barriers that prevent qualified persons from moving back into the community, identified what steps are needed to overcome the barriers, what partners are needed to assist in overcoming barriers and what would be the product of our efforts. Barriers were grouped into one of the following topic areas;***

***Education***

***Access to information***

***Coordination of services***

***Caregiver support and resources***

***Transitional resources***

***Housing***

**Medical**  
**Financial abuse, neglect and exploitation**  
**Other**

**A report from this workgroup has been published, “Plan for the Provision of Long Term Care Services for Seniors-Division of Aging and Adult Services Recommendation, July 2001”. This report is viewed by the Division as a working document and can be viewed on the Division website, [www.hsdaas.utah.gov](http://www.hsdaas.utah.gov).**

Identify barriers that prevent qualified seniors from remaining in their homes, as well as potential partners and action steps to assist in removing these barriers which provides

- ***Update: The Division is using the Plan as a blueprint for directing its activities. As a work in progress the report is periodically reviewed and will be updated to reflect progress having been made and new challenges identified. Pertinent items included in the report have been included in the Division’s four-year plan for implementing the federal Older American’s Act.***

***The Division has been an active participant in the development of the application for the federal Centers for Medicare and Medicaid Services’ (CMS) Real Choice Grant. It is continuing on the committee for implementation of the award. The Real Choice Grant is intended to make permanent change in systems affecting access to community and home based care. Many barriers identified by the Division for implementing Olmstead, including access to information and coordination of services, were also identified in the Real Choice Grant and will be addressed as the Grant is being implemented.***

Develop and implement the family caregiver support program statewide.

- ***Update: Progress continues to be made in the implementation of the caregiver support program. Programs currently operational in all areas of the state through the auspices of the local area agencies on aging. During FY2002, over 9,000 persons received information and over 2,700 persons received assistance in obtaining caregiver support from the area agencies. A coalition of organizations and agencies involved in care giving support for the elderly has been formed to further expand the outreach efforts. This is an ongoing effort.***

***The Caregiver Coalition, which includes organizations and agencies involved in caregiving support for the elderly, began to meet in August 2002 and continues to be active. A Caregiver Resource Guide is expected to be released in the fall of 2003. Major funding for the guide is being provided by AARP.***

***There is a calendar of events for caregivers ([www.caregiverevents.utah.gov](http://www.caregiverevents.utah.gov)) that provides information about opportunities for caregivers to obtain advice, support and help in their caregiving efforts. Availability of such assistance further reduces barriers that keep people from being able to stay at home.***

Develop an online statewide resource directory.

- ***Update: The Division's web site referenced earlier has been expanded to provide information about services and other organizations that can assist frail seniors to remain in their homes. When Utah Cares (an information & referral web site) becomes operational, a link between the Division site and Utah Cares site will be established, further enhancing the usefulness of the Division site as a statewide resource directory. In addition, the Real Choice Systems Grant is developing a process to improve access to information about long-term care options. The Division will coordinate its ongoing efforts with this project to expand our efforts.***

To insure that programs offered by the Division of Aging and Adult Services and the AAA's enable seniors to be appropriately cared for in a community setting, the Division and the Area Agencies have identified a series of outcomes for seven distinct services that will be measured on a regular basis. Over a period of 12 months a random sample of recipients of these services will be surveyed to document their perception of how well their needs are being met. Information will be used to continuously monitor the acceptance effectiveness of the programs. This effort will be accomplished through current appropriated budgets.

- ***Update: Satisfaction surveys in three major program areas designed to enable seniors to receive care in a community setting, home delivered meals, case management services and transportation, were conducted and results reported to area agencies for their planning purposes. Additional surveys are planned for the current year. This will be an ongoing effort of the aging network to ensure that our efforts are having the desired effect.***

***The seven distinct services for which satisfaction surveys will be conducted include; information & referral, congregate meals, home delivered meals, case management, respite, transportation and in-home services.***

***Of the three formal surveys conducted, recipients reported a high degree of satisfaction. In addition, the Division in conjunction with Utah State University conducted a 2001 statewide needs assessment survey of 6,000 randomly selected seniors.***

***Results of all surveys are routinely reported to the affected area agency on aging and in an aggregate fashion will be posted on the Division web site. An executive summary of the state survey has been posted on the Division web site.***

### **Division of Child & Family Services (DCFS)**

Utah's Division of Child and Family Services (DCFS) is committed to meeting the needs of children who are placed in out-of-home care (family foster care, treatment foster care, shelter care, or residential care). The vast majority of these children have special needs. DCFS, through existing policy and practice strives to offer the least restrictive placement alternative to each child in our custody.

To assure that all children (including those with disabilities) are consistently placed in the least restrictive, most appropriate placement, a wide range of placement options must be maintained in all areas of the state. DCFS believes that beyond the need to provide care "in the most integrated setting appropriate to the child's needs", a least restrictive placement, in most cases, is one that allows the child to remain close to their family and community when out-of-home placement is required.

Through increased skill training, Child Protective Workers, with the assistance of Kin Locators in each Region, will successfully engage the family at the time of removal to jointly find an appropriate resource for children requiring out of home care.

- ***Update: The Division of Child and Family Services has made some recent changes to their policy that will better enable staff to serve children in the most integrated setting appropriate to the child's needs. Children who cannot live safely at home, can live with persons they may already know and trust through kinship placement. CPS workers are able where appropriate to place children immediately with relatives who qualify for an emergency kinship placement, in order to avoid the use of temporary shelters or foster home placements. Kinship Practice Guidelines have been implemented to educate and prepare Child Welfare Caseworkers to use best practice in making an emergency kinship placement, assessing the needs of children, their families, and the relative caregiver, and supporting kinship placements.***

***As of August 14, 2003, 147 (7%) children in DCFS custody were placed with kin. In the state fiscal year 2003, 630 children served in custody were in a kinship placement during the year. Of children exiting state custody in FY03, 525 (30%) were released to a relative. These children averaged 4 months in custody.***

By strengthening their approach to recruitment and training, DCFS will make more foster families who practice the Behavior Replacement Model of Care available statewide.

- ***Update: The Division of Child and Family Services in partnership with the Utah Foster Care Foundation provides Behavior Replacement Model training to Resource Families to prepare them to provide the level of care needed for children in DCFS custody. The training provides for the level of structure and supervision necessary to care for children and youth that have special needs, including behavioral problems. Emphasis is on managing and changing inappropriate behaviors through the use of the Behavior Replacement Model of Care in coordination with other services provided by the child and family team.***

***The Resource Family Consultants in each of the regions identify and recruit experienced licensed caregivers to complete the training and obtain the needed support to be able to meet the needs of the children requiring this level of care. The Division of Child and Family Services policy allows a child in the most restrictive family home placement to be able to remain in the same home while stepping down the structure which allows increased stability and fewer placement changes while in DCFS custody.***

***Currently there are 319 licensed foster homes throughout the state that have been trained to provide the Behavior Replacement Model. Throughout FY03, there were 627 children and youth placed in this type of foster home setting.***

Caseworkers will be appropriately trained to know where and how to research appropriate resources, both formal and informal, for children in the custody of DCFS.

- ***Update: The DCFS Practice Model training has implemented the use of the teaming as one of the skills for delivering child welfare services. Teaming involves working with the family to identify their own informal support system that includes extended family members, neighbors, church affiliation, and community supports. The worker assists the family in developing a plan to address their needs that will incorporate the use of these informal supports along with identifying and engaging formal supports available through community agencies, contract providers, and government service agencies.***

DCFS will develop “wraparound plans”; similar to the Frontiers Project in the Southwest Region of DCFS, “wraparound” plan to provide individualized community-based services and natural supports individualized for the child and family.

- ***Update: The Child and Family Plan developed by the Child and Family team is an individualized plan based on the functional assessment of the strengths and needs of the child and family. The Division’s Practice***

***model training for the skill of intervening focuses on assisting the worker to use the team process to identify and develop resources needed to address the needs of the child. Individually crafted services are developed through knowledge of existing resources and an understanding of how to access additional support from resource experts in the Regions. These experts may be other caseworkers, Community Service Managers, Contract managers, Clinical Consultants, and others who have knowledge and skills in resource development.***

### **Division of Substance Abuse & Mental Health**

Adopt standardized preferred practice guidelines in the assessment of adults. These standardized guidelines would ensure statewide consistency in the delivery of mental health services. The goal is to provide a comprehensive assessment to identify the least restrictive appropriate level of treatment, for each consumer.

- ***Update: A preferred practice guideline for the assessment of adults was addressed by the Clinical Services Committee, reviewed by the providers and the division, and adopted by the board. (These guidelines can be viewed at our website: [www.hsmh.utah.gov](http://www.hsmh.utah.gov).)***

Engage the Mental Health Planning Advisory group in continued *Olmstead* planning in order to outline the problem, need, potential partners and desired outcome on mental health issues.

- ***Update: The Mental Health Planning Advisory group (Planning Council) has been involved in Olmstead planning. Specifically, representatives were involved in the selection of our consultants, in reviewing our planning process, reviewing plan drafts, and ultimately reviewing and commenting on the final draft. Goal accomplished.***

Hire a consultant to work with the *Olmstead* planning committee and the Division to develop the details of the plan and to coordinate it with the other *Olmstead* efforts within health and human services.

- ***Update: After a competitive process, TriWest Group was awarded the consultation contract. The first year they conducted a number of focus groups in targeted communities throughout the state. From those focus groups and key stakeholder interviews, and through compiling and analyzing data supplied by the division and other sources, they developed the Home and Community Based Support plan for the division. (This report is available at the Division Office. We will be putting it on the website in the future). In the second year they have been focused on developing a standardized assessment and tracking system for individuals at the Utah State Hospital who are deemed clinically ready for discharge. This process will assist the Continuity of Care committee's identification and tracking of individuals as they***

***transition back into the community. Finally, they have been surveying all the local mental health centers to specifically determine the array of services available to individuals with severe mental illness in the community, and the barriers and gaps. A draft of this report is due at the end of August for review by the division and the Mental Health Planning Council. Goal accomplished.***

A new Utilization Review Process Plan has been developed to coordinate the efforts of the Utah State Hospital (USH), the Division of Mental Health (DMH) and the Department of Health (DOH). This Plan brings together Health Care Financing (HCFA) standards and hospital processes. The Plan is designed to monitor for compliance with all federal requirements and to implement safeguards to insure that the patient is receiving proper treatment and appropriate integration of USH services with community programs.

- ***Update: USH, the division, and HCFA continue to implement this Utilization Review Process. UR standards and reports have been developed and are being tracked. A Memorandum of Understanding has been developed among all parties. .***

DOH has retained two independent consultants to review USH programs, as well as the overall health system. They will provide recommendations for programs and alternate care options to provide services in the community whenever possible.

- ***Update: The two consultants, one a psychiatrist who specializes in adult and geriatric psychiatry, the other who specializes in child and adolescent psychiatry continue to provide consultation and technical assistance, as well as clinical oversight. The psychiatrists have conducted a Utilization Review of clinical procedures as required by federal Medical standards. As a result, the entire Utilization Review process at USH has been re-vamped. Specific examples of changes made are 1. A joint audit tool was developed that meets both Medicaid and Joint Commission (JACHO) standards; 2. A revision of behavioral monitoring plans for patients; 3. A streamlined admissions process; and, 4. A process has been implemented to audit and track individual staff performance and compliance with the requirements of the federal regulations..***

DSAMH will continue conducting internal reviews of their monitoring process for the community mental health centers. DMH will continue to review best practices and to apply them to individual cases, and will include consumers and advocates in these reviews.

- ***Update: Adult and child quality of care case reviews continues. Consumers and family members are a part of these reviews. We continue to develop, update, and monitor to clinical best practices. We have provided training and orientation to the community mental health centers on promoting evidence-based practices. Our Preferred Practice***

***Guidelines are now evolving into Preferred Evidence-Based Practice Standards (PEPS).***

**Individual Case Review Process.**

Outline a process to assess a referral for community placement from any source. The process will include the following steps:

- The client is referred for a case review from any source, such as USH, the local mental health centers, advocates, families, courts, the Disability Law Center, professionals, and others.
  - A review team is convened and provides a clinical assessment. The review team includes mental health professionals, a consumer advocate, a representative from an advocacy group, and a representative of DHS for cases that involve DHS clients.
  - *Olmstead* criteria is applied to the case:
    - a) The State's treatment professionals determine whether community placement is appropriate.
    - b) The affected person approves or opposes the community-based placement.
    - c) The State determines whether it can reasonably accommodate the placement, taking into account the resources available to the State and the needs of others that are receiving State-supported disability services.
  - A system response explaining how DMH can best utilize existing resources to meet each client's needs.
- ***Update: The Adult Continuity of Care Committee at the Utah State Hospital is charged with the responsibility of reviewing individual's readiness for discharge into the community, and identifying the resources and steps needed to facilitate a successful re-entry for that individual. In consultation with TriWest Group, we have developed a standardized recording and tracking system for those deemed to be clinically ready for discharge. After the survey of community resources is completed and the report delivered we will be better able to match the individuals needs to the available resources. The process described above has not been fully implemented, and modification may be appropriate. However, we have made progress and are moving ahead.***



## **Division of Services for People with Disabilities (DSPD)**

The division and department are engaged in efforts to address the waiting list in concert with the Legislative Auditors Office. It is anticipated these issues will be addressed by the Legislature in the 2002 session.

- ***Update: The Division has completed the requirements of the Legislative Audit and has reported to the legislature. Waiting list issues have been addressed and the DSPD data system has been modified to better track waiting list consumers.***

DSPD will provide individuals with disabilities who are receiving division services: the option of self-directed supports;

- ***Update: Currently all individuals who are receiving in-home supports such as family support and respite are given the option to participate in the Self-Administered Model. In this model families can hire and train their own staff and use a fiscal intermediary for the payroll services. This model gives families an option to the traditional contracted private provider for these in-home supports. Individuals and their families now have a choice in how to use their established budgets to best meet their in-home service needs.***

the option of using a micro-board;

- ***Update: The Division has thoroughly investigated the micro-board as another option for families to receive services and has concluded that a more viable option is probably the consumer/family co-op model. The Division has assigned a staff member gather information from other states; to study how such a model would work; and, to identify what necessary policies, procedures and safeguards would need to be in place before this model could be implemented.***

local access to an independent, statewide self-advocacy network;

- ***Update: The Division continues to promote and support local self-advocacy networks. Family and consumer councils are functioning at the state, regional and local office levels.***

direct voting representation on boards, advisory groups and committees that make or influence decisions that directly impact their lives;

- ***Update: The Division has continued to provide training to consumers through the state and local consumer councils. Consumers have learned leadership skills, which have enabled many of them to serve on committees, advisory boards and councils. Consumers now routinely participate on Division Needs Assessment committees, utilization review committee, the Emergency Services Management Committee, and hiring committees. Also, two individuals with disabilities are current members of the Division's State Policy Board.***

and choice of providers and service locations, along with the ability to initiate a request for a change of providers or locations at any time.

- ***Update: The Division continues to work with consumers / families to provide them new opportunities to choose their providers and service locations. New providers have been added to the Division's provider list. Support Coordinators have continued to work closely with consumers to support them in their choice of provider and location.***

DSPD will also:

extend service brokering to everyone on the waiting list;

- ***Update: The Division issued a Request for Proposals for service brokering to people on the waiting list. Service Brokering is intended to help families identify and access services from other sources including other public and private agencies and other community resources. Contracts have been developed with several providers for this service. The Division is currently developing procedures to access this new service and people waiting should begin to be able to use service brokering within the next month.***

redirect administrative funds to program budgets;

- ***Update: The Division / Regions have reviewed the administrative budgets and redirected what funding was available to the program budgets.***

develop and implement a plan to address the immediate needs of those who are found eligible for services at their entry point and thereby prevent them from the wait for services that typically increases the need for more intrusive and costly services;

- ***Update: The Division has developed a plan to use available one-time funding for individuals who are waiting for services. This plan includes the development of service broker services, behavior management supports and some temporary crisis intervention services. The Division is in the process of developing contracts to provide these time limited services and people waiting should be able to begin to access some of these services within the next month.***

develop new approaches to the waiting list, after considering shared ideas; and

- ***Update: The Division has worked diligently to insure that the waiting list is current and accurate. The Division has also committed to insuring those with the highest needs are served first when resources are available. A new and more reliable method of assessing the needs of those waiting has been developed and implemented. On the local levels, the Division has worked to identify and develop other community resources and/or natural supports. Service brokering, behavioral management consulting, and benefits counseling are new services that have been developed and will offered to individuals on the waiting list.***

***The Division is also evaluating the current budget to identify ways to fund one-time services such as time-limited respite care to help those on the waiting lists.***

build capacity to assure availability of community-based services.

- ***Update: The Division has worked diligently to insure that the waiting list is current and accurate. The Division has also committed to insuring those with the highest needs are served first when resources are available. A new and more reliable method of assessing the needs of those waiting has been developed and implemented. On the local levels, the Division has worked to identify and develop other community resources and/or natural supports. Service brokering, behavioral management consulting, and benefits counseling are new services that have been developed and will offered to individuals on the waiting list. The Division is also evaluating the current budget to identify ways to fund one-time services such as time-limited respite care to help those on the waiting lists.***

#### **Division of Youth Corrections (DYC)**

length of stay in secure facilities as it relates to disabled individuals served.

- ***Update: The Division has begun doing risk assessments. The Division has expanded the range of specialized beds in secure facilities and is re-tasking its release plan decision making and personnel. The Division, through its provider network has developed new step down, (in terms of restrictiveness), programs that allow for a shorter length of stay. NOJOS is conducting research on promising approaches. The Division has opened two aftercare programs on the Wasatch Front that allows for quicker transition from the secure facilities.***

DYC will identify problems, perceived needs, potential partners and desired actions to address the following issues and populations:

- secure facilities
- sex offenders/ residential treatment
- restrictive treatment centers
- remote/isolated restrictive residential treatment
- ***Update: The Division has begun doing risk assessments, and specialized sex offender assessments. The Division is working on a project for a new service involving low functioning clients. The Division has begun evaluating programs at all levels of the agency. The Division has opened two aftercare programs on the Wasatch Front that allows for quicker transition from custody to home.***

***The Division (and Department) has opened a new code of care to allow for expanded family involvement and increased family support in transition.***

### **Division of Health Care Financing (DHCF)-Long-Term Care Unit**

The Long Term Care Unit establish workload priorities to achieve the following objectives:

Support and assist in the timely completion of the Action Plan identified in this “Comprehensive Plan for Public Services in the Most Appropriate Integrated Setting” as an element of the Medicaid long-term care program.

Make “good faith” efforts to implement the strategies outlined in the “HealthPrint for Long Term Care” and the “Final Report of the Long Term Care Technical Advisory Group” as elements of the Medicaid long-term care program. (These two reports are available through the Department of Health.)

Support the Level IV priorities of the Utah Department of Health and the Division of Health Care Financing.

Monitor major long-term care initiatives and identify issues emerging on a national scale. Then evaluate their implications and the opportunities these initiatives and issues present for Utah’s long-term care system.

- ***Update: The following table outlines the Division of Health Care Financing’s fiscal year 2004 workload priorities and work plan relating to long term care for persons with chronic functional limitations and special health care needs.***

**MAJOR HOME AND COMMUNITY BASED**  
**CHRONIC CARE, LONG TERM CARE**  
**AND SPECIAL NEEDS INITIATIVES**

INITIATIVE	FY2004 WORK PLAN
<p><b>DOH LONG TERM CARE MANAGED CARE INITIATIVE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Local LTC network demonstration projects</li>   <li><input type="checkbox"/> Initiative expansion planning</li>   <li><input type="checkbox"/> CHCS, Inc. LTC MC Behavioral Health grant design project</li>   <li><input type="checkbox"/> HOME dual diagnosis project</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> FlexCare project continuation in Salt Lake, Davis &amp; Tooele counties for FY2004. Initiate Weber MACS project second quarter FY2004 in Weber and Morgan counties.</li> <li><input type="checkbox"/> Conduct meetings during first quarter FY2004 to enhance awareness of LTC MC Initiative concept among local LTC network representatives throughout the state and to explore interest and feasibility of initiating additional demonstration projects. Present expansion feasibility report to DHCF Director and DOH Executive Director second quarter FY2004.</li> <li><input type="checkbox"/> Complete one-year planning project during third quarter FY2004 with model for a managed care approach to providing coordinated care across the Medicaid health delivery system for nursing facility eligible persons with persistent behavioral health problems. Submit Phase 2 implementation grant proposal to CHCS, Inc. by end of third quarter FY2004.</li> <li><input type="checkbox"/> Continue project for FY2004 with planned expansion by end of FY2004.</li> </ul>
<p><b>INTER-PROGRAM PORTABILITY AND COORDINATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DD/MR system portability project</li>   <li><input type="checkbox"/> Nursing Facility system portability initiative</li>   <li><input type="checkbox"/> Transition coordination across Medicaid in response to health status changes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete project authorization rulemaking by end of second quarter FY2004. Complete project protocol rulemaking by end of fourth quarter FY2004.</li> <li><input type="checkbox"/> Complete statewide initiative implementation plan by end of first quarter FY2004. Initiate concept and protocol integration into existing Medicaid HCBS programs during first quarter FY2004. Initiate necessary waiver amendments and applications, as applicable, during second and third quarters FY2004.</li> <li><input type="checkbox"/> Complete inter-program coordination plan by end of third quarter FY2004 to effectively transition individuals across Medicaid LTC programs in response to health status changes.</li> </ul>

<p><b>1915c HCBS WAIVER PROGRAM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acquired Brain Injury Waiver renewal</li> <li><input type="checkbox"/> DD/MR Waiver redesign project and renewal process</li> <li><input type="checkbox"/> Aging Waiver evaluation project and renewal process</li> <li><input type="checkbox"/> Waiver rate setting methodology and service rate structure analysis</li> <li><input type="checkbox"/> Interagency coordination for waiver management and administration</li> <li><input type="checkbox"/> Waiver systems analysis</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete renewal application for formal submission to CMS Regional Office by end of third quarter FY2004. Complete CMS review and approval process by end of FY2004.</li> <li><input type="checkbox"/> Complete DSPD redesign project during third quarter FY2004 with presentation of recommendations for waiver renewal application content to DSPD Board. Initiate DHCF renewal application development during fourth quarter FY2004.</li> <li><input type="checkbox"/> Complete project research phase by end of first quarter FY2004. Complete project data analysis phase by end of second quarter FY2004. Complete project report by end of third quarter. Initiate DHCF renewal application development during fourth quarter FY2004.</li> <li><input type="checkbox"/> Complete rulemaking detailing Waiver rate setting methodology by end of second quarter FY2004. Complete analysis of waiver case management, respite care, and non-medical transportation services by end of FY2004.</li> <li><input type="checkbox"/> Complete DHCF/DHS (DSPD) administrative contract renewal by end of second quarter FY2004 to include revisions to level of care determination process and enrollment/disenrollment review process</li> <li><input type="checkbox"/> Complete HIPAA coding changes by September 30, 2003. Complete system review of covered waiver services, provider qualifications, and rate structures across waiver during third quarter 2004.</li> </ul>
<p><b>1915c HCBS WAIVER INDIVIDUAL PROGRAM PERFORMANCE OVERSIGHT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> FY2004 Waiver Monitoring Project</li> <li><input type="checkbox"/> Acquired Brain Injury Waiver CMS Regional Office review</li> <li><input type="checkbox"/> Aging Waiver Respite Care-Nursing Facility service special study</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete monitoring review of Aging Waiver, DD/MR Waiver, and Physical Disabilities Waiver by end of second quarter FY2004</li> <li><input type="checkbox"/> Facilitate CMS Regional Office case record review and site visit by end of first quarter FY2004. Complete review of findings and State corrective action plan by end of third quarter FY2004.</li> <li><input type="checkbox"/> Complete evaluation of nursing facility based respite care service in Aging Waiver during third and fourth quarters of FY2004.</li> </ul>

<p><b>COMMUNITY-BASED CARE PROGRAM PERFORMANCE MONITORING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Comprehensive program performance monitoring plan</li> <li><input type="checkbox"/> APHSA Chronic Care Quality Indicator Project</li> <li><input type="checkbox"/> CMS Personal Experience Survey instrument testing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete development of a comprehensive Medicaid HCBS chronic care program performance monitoring plan by the end of the third quarter FY2004.</li> <li><input type="checkbox"/> Provide timely consultation to project team and respond to requests for information as necessary to effectively support completion of project.</li> <li><input type="checkbox"/> Continue participation as pilot test site in support of CMS development of Personal Experience Survey instrument and database for HCBS waiver program.</li> </ul>
<p><b>INTEGRATED INFORMATION, ASSESSMENT, AND REFERRAL SYSTEMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MDS-HC standardized assessment project</li> <li><input type="checkbox"/> HCBS integrated assessment approach</li> <li><input type="checkbox"/> Real Choice public awareness/LTC information access project</li> <li><input type="checkbox"/> Real Choice integrated eligibility and assessment feasibility study</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete MDS-HC software purchase by end of second quarter FY2004. Initiate rollout of MDS-HC electronic version during third quarter FY2004 for Aging Waiver, Physical Disabilities Waiver and LTC MC Initiative demonstration projects. Incorporate MDS-HC assessment instrument and protocols into Acquired Brain Injury Waiver renewal application by end of third quarter FY2004.</li> <li><input type="checkbox"/> Monitor development of MDS-based assessment instruments for physical health, mental health, and specialized populations during FY2004. Participate in development workgroups and testing projects on a state, regional, and national basis as requested by organizations designing new instruments.</li> <li><input type="checkbox"/> Provide timely consultation to project contractor and respond to requests for information as necessary to effectively support completion of contract terms</li> <li><input type="checkbox"/> Provide timely consultation to project contractor and respond to requests for information as necessary to effectively support completion of contract terms.</li> </ul>
<p><b>COMMUNITY BASED SERVICE DELIVERY SPECIALIZED TRAINING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Community case management curriculum</li> <li><input type="checkbox"/> Behavioral health intervention curriculum</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete grant proposal for CMS Real Choice Initiative during first quarter FY2004.</li> <li><input type="checkbox"/> This is a component of the CHCS, Inc. LTC MC Behavioral Health grant design project and will be completed according to the project time lines.</li> </ul>

<p><b>SERVICE AND PROVIDER NETWORK DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work Incentives Initiative &amp; employment-related personal assistance services (EPAS) project</li> <li><input type="checkbox"/> Long Term Acute Care Hospital State Plan service</li> <li><input type="checkbox"/> Real Choice caregiver capacity project</li> <li><input type="checkbox"/> Project HOPE</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continue multi-year Work Incentive Initiative grant project during FY2004. Complete evaluation of Medicaid State Plan Personal Care Service by end of FY2004 to identify changes to enhance effectiveness of employment related personal care in support of Work Incentive Initiative objectives.</li> <li><input type="checkbox"/> Complete feasibility study of Long Term Care Acute Hospital as new Medicaid State Plan service during second quarter FY2004. As applicable, initiate activities to establish new service and provider category during third quarter FY2004.</li> <li><input type="checkbox"/> Provide timely consultation to project team and respond to requests for information as necessary to effectively support completion of project.</li> <li><input type="checkbox"/> Complete waiver application process by end of second quarter FY2004. Initiate program implementation during third quarter FY2004.</li> </ul>
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### **Department of Workforce Services (DWS)**

DWS will identify the employment needs of persons with chronic illness and disabilities, and will develop strategies to address these needs.

- ***Update: The Memorandum of Understanding to Support Employment (MOUSE) committee (jointly chaired by DWS and the Utah State Office of Rehabilitation (USOR) has completed its initial work. The following proposals were presented and approved by DWS and USOR management.***

***Best practices will be identified and statewide pathways will be established between DWS and USOR to improve access to services for persons with disabilities.***

***A direct link between DWS and USOR's systems will be implemented in order to share data on customers in common.***

***Training for both agencies will be enhanced to improve coordination, information exchange, and services to persons with disabilities.***

***The MOUSE committee will be used to focus on planning and implementing these recommendations.***



***Further, USOR was recently awarded a two-year grant from the Work Incentive Grant Program called the Utah One-Stop Enhancement Project (UOSEP). The purpose of the grant is to make One-Stops more accessible by evaluating how they can improve access to services for people with disabilities. The grant will build upon the activities outlined above as well as deliver the following outcomes:***

- Two Disability Program Navigators will be hired and placed in one urban and one rural area for the period of the grant (2 years)***
- A statewide accessibility study***
- New training on disability related issues and support resources***
- Consumer outreach***

DWS will address workforce development issues related to the long-term care system

- Update: DWS sponsored a Workforce Development Subgroup to address this strategy. The committee has been meeting regularly for several months and recently developed the following initial recommendations.***
  - 1. Employers and job seekers will be encouraged to use specific O\*NET titles to facilitate and more consistent job matching***
  - 2. Research options for providing Worker's Compensation for personal aides or other health care positions not already covered***
  - 3. Provide information regarding successful recruitment strategies***
  - 4. Support and expand the Caregivers Support Network***
    - a. Evaluate the feasibility of developing a mentoring program using existing CNAs or other health care professionals***
    - b. Investigate the potential for earning college credits for the time worked as CNAs at state supported institutions***
  - 5. Develop a career ladder using CNAs as an entry point***

Provide eligibility services for persons in community based settings

- Update: DWS continues to accept and process applications for individuals who are transitioning into the community to ensure the availability of supportive services as soon as the individual leaves an institutional setting. Applications are readily available and accessed by institutions as part of their discharge planning process. Ongoing eligibility services are provided once these individuals are in a community based setting.***

***DWS works with the Department of Health (DOH) to ensure individuals receive needed supportive services as they transition from institutions to community based settings. These supportive services may include financial, medical and food stamp assistance.***

***DWS is developing a simplified application for supportive services. The new application is being piloted at the Midvale and Richfield employment centers. Once the pilot is complete and the application is finalized new applications will be sent, along with instructions, to community-based settings. The new application will be implemented at different times across with state beginning in October 2003.***

### **Department of Community and Economic Development**

Complete and incorporate this housing component into the overall Olmstead Plan

***Milestones:*** May 15: Publish the draft housing plan and distribute to the overall Olmstead Committee and public for comment:

*Responsible party:* Sub-Committee

Sept. 1: Complete integration of comment and modify plan and publish plan as part of the general Olmstead Plan: *Responsible party:* Sub-committee

- ***Update:***

Identification of all parties involved in affordable and accessible housing

***Milestones:*** Sept. 15: Prepare a detailed list of all parties potentially able to provide housing for Olmstead related persons and other persons with disabilities. *Responsible party:* DCED involved agencies/persons will be listed according to the following groupings:

- Owners/Developers
  - Non-profits (Housing Authorities, CHDO, other community based agencies)
  - For-profit developers
  - For-profit owners and managers
- Local Governments
  - Elected officials
  - Building officials
  - Planning and Zoning officials
- Lenders/Funding Agencies
  - Public Lenders
    - OWHTF Board
    - Utah Housing Corp.
    - Counties, Cities and Consortiums
  - Banks
    - CRA officers
    - Investment Bankers
  - Mortgage Companies
  - Foundations

- Fannie Mae and other like agencies
  - Individual and Family Trusts
- **State and Federal Entities**
  - State legislators
  - Federal legislators
  - Federal Government, HUD, Rural Development, etc.
  - State Health Department
  - State Department of Human Services
  - Local Mental Health Agencies
  - State Social services providers
- **Update: As of December 31, 2002 the Real Choice Starter Grant has expended \$50,000 of \$50,000 awarded to the Department of Health from the Center for Medicare and Medicaid.. One of the four essential tasks of the grant was the development of the Utah Subsidized Housing Database Program.**

***Appropriate and affordable housing is one of the most significant determinants in the ability of persons with disabilities, including the frail elderly, to successfully transition from institutional settings to integrated community settings. Such housing is equally important in efforts to prevent unnecessary institutionalization through integration of community-based housing and health care services.***

***The Real Choice Starter Grant awarded to the Utah Department of Health provided an opportunity for a cooperative effort among State Executive Branch Agencies to begin working together to fully utilize the limited supply of affordable, accessible housing and the resources of Medicaid and state-only funded programs to enable persons with disabilities to live productive, meaningful lives in local communities of their choice. In conjunction with Utah's Comprehensive Olmstead Strategic Planning process, the Department of Health, Department of Human Services, and Department of Community and Economic Development (DCED) used a portion of the Real Choice Starter Grant funds to complete the design and implementation of the housing database and website as the foundation for ongoing long term efforts to provide housing to persons with limited incomes and special needs.***

***The web-based database, developed by the Division of Community Development, was designed to assist lower income families and individuals and agencies serving these populations to more efficiently find housing that was suitable for them. The database is a web-based system, which will be fully accessible through the DCED website at Utah.GOV. The database design***

***and development has been completed and is now being evaluated for effectiveness. Modifications continue to be made as the system is implemented and tested.***

***The site can provide individual listings for persons having special characteristics and needs, such as: 1) rental housing for persons over 62 years of age; 2) apartments designed for persons who are disabled; 3) rental housing for persons suffering from domestic abuse; and 4) rental housing for people who are HIV positive. To use the site you simply enter the county you live in, your family income, the size of your family and any special needs. Then you can search available units that meet your needs.***

#### Education Efforts

***Milestones:*** Nov. 15, 2002: Develop Education Program  
Sept. 1 through March 2002: Present training Sessions statewide.  
Dec. 1: Complete all contacts with public media and determine willingness to carry public service info and prepare press releases for media distribution.  
Nov. 1 through March 2002, Publish and broadcast information.  
Education would be based on description of persons involved, need definition, type of construction, location, costs, commitments, etc.  
Database training for the public and users and data entry component: Responsible Party: DCED and Sub-committee.

- ***Update:***

#### Project design and funding determination

***Milestones:*** Nov. 31, 2002: Organize a work group/advisory committee to conduct an interagency needs assessment including Health, Human Services, DCED and any others as necessary. The advisory committee will include representatives from all agencies who have information or provide services so that the most accurate assessment possible of individuals and their needs can be determined and put in the plan. The assessment will include both institutionalized persons and persons at risk of being institutionalized. The plan will then identify project types and locations based on this real life needs assessment. The housing

*needs component will assess the both existing inventories that need renovation or modification and new mixed income construction as well as more independent housing types.*

*April 30, 2003: Development of a Health Care/Housing Integration Plan by the advisory committee that defines concurrent needs for services with the assessment of housing needs.*

*June 30, 2003: Identify short and long term program for housing development with prioritization criteria and funding source identification.*

- **Update:**